FILED MAY 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15062

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 106

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence San 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits write "RURAL")
(d) Street No. 123 So. Osage (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Herman S. Ralston 122
3. (b) If veteran, name war no
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Ralston
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. (Month) 15 (Day) 1885 (Year)

8. AGE: Years 55 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Trenton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Foreman Cement Plant
11. Industry or business Mo. Port Cement Co.
FATHER
12. Name Ben Ralston
13. Birthplace No record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marguerite Stump
15. Birthplace No record (City, town, or county) (State or foreign country)
16. (a) Informant Frank Ralston
(b) Address Cement City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.
19. (a) Apr. 6. 40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-4 day 40 year hour minute 11 M.
21. I hereby certify that I attended the deceased from 2 , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Duty Coron
Bullet Wounds of Chest & Abd
Due to Shot by Police
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 172
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Shot by Police
(b) Date of occurrence 4-4-40
(c) Where did injury occur? Jackson Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature Russell W. Kerr (M. D. or other)
Address Kerr Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.